

Application for Federal Assistance SF-424

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| * 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | * 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/> |
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|--|---|
| * 3. Date Received: <input type="text" value="10/15/2024"/> | 4. Applicant Identifier: <input type="text" value="CA"/> |
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|--|---|
| 5a. Federal Entity Identifier: <input type="text"/> | 5b. Federal Award Identifier: <input type="text"/> |
|--|---|

State Use Only:

| | |
|---|---|
| 6. Date Received by State: <input type="text"/> | 7. State Application Identifier: <input type="text"/> |
|---|---|

8. APPLICANT INFORMATION:

| | |
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| * a. Legal Name: <input type="text" value="City and County of San Francisco"/> | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="94-600417"/> | * c. UEI: <input type="text" value="CK7BAVKBDW28"/> |

d. Address:

| | |
|----------------------|---|
| * Street1: | <input type="text" value="49 South Van Ness Avenue"/> |
| Street2: | <input type="text" value="Suite 1400"/> |
| * City: | <input type="text" value="San Francisco"/> |
| County/Parish: | <input type="text" value="San Francisco"/> |
| * State: | <input type="text" value="CA: California"/> |
| Province: | <input type="text"/> |
| * Country: | <input type="text" value="USA: UNITED STATES"/> |
| * Zip / Postal Code: | <input type="text" value="94103-3786"/> |

e. Organizational Unit:

| | |
|---|--|
| Department Name: <input type="text" value="San Francisco Planning Dept."/> | Division Name: <input type="text"/> |
|---|--|

f. Name and contact information of person to be contacted on matters involving this application:

| | |
|--|---|
| Prefix: <input type="text"/> | * First Name: <input type="text" value="Rich"/> |
| Middle Name: <input type="text"/> | |
| * Last Name: <input type="text" value="Hillis"/> | |
| Suffix: <input type="text"/> | |

| |
|--|
| Title: <input type="text" value="Director"/> |
|--|

| |
|---|
| Organizational Affiliation: <input type="text" value="San Francisco Planning Department"/> |
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| | |
|---|----------------------------------|
| * Telephone Number: <input type="text" value="628-652-7411"/> | Fax Number: <input type="text"/> |
|---|----------------------------------|

| |
|---|
| * Email: <input type="text" value="rich.hillis@sfgov.org"/> |
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Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

B: County Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.023

CFDA Title:

Community Development Block Grant- PRO Housing Competition

*** 12. Funding Opportunity Number:**

FR-6800-N-98

* Title:

FY24 Pathways to Removing Obstacles to Housing (PRO Housing)

13. Competition Identification Number:

FR-6800-N-98

Title:

FY24 Pathways to Removing Obstacles to Housing (PRO Housing)

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

City and County of San Francisco PRO Housing Application

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="7,000,000.00"/> |
| * b. Applicant | <input type="text" value="7,752,627.00"/> |
| * c. State | <input type="text" value="128,000.00"/> |
| * d. Local | <input type="text" value="0.00"/> |
| * e. Other | <input type="text" value="2,035,000.00"/> |
| * f. Program Income | <input type="text" value="0.00"/> |
| * g. TOTAL | <input type="text" value="16,915,627.00"/> |

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on .

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Number: 2501-0017
Expiration Date: 01/31/2026

Applicant/Recipient Information * UEI Number: * Report Type:

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:
* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:
* Phone:

2. Employer ID Number (do not include individual social security numbers):

* 3. HUD Program Name:

* 4. Amount of HUD Assistance Requested/Received: \$

5. State the name and location (street address, City and State) of the project or activity:

* Project Name:
* Street1:
Street2:
* City:
County:
* State:
* Zip Code:
* Country:

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. For further information see 24 CFR Sec. 4.3.

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR 4.9.

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Note: Use additional pages if necessary.

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity.

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)

* Unique Entity ID

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

| | * Unique Entity ID | * Type of Participation in Project/Activity | * Financial Interest in Project/Activity (\$ and %) |
|----------------------|----------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

City of Residence

* Type of Participation in Project/Activity

* Financial Interest in Project/Activity (\$ and %)

| | City of Residence | * Type of Participation in Project/Activity | * Financial Interest in Project/Activity (\$ and %) |
|----------------------|----------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> <input type="text"/> % |
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Note: Use additional pages if necessary.

Add Attachment

Delete Attachment

View Attachment

Certification

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate.

Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

* Signature:

* Date: (mm/dd/yyyy)

Kris Romasanta

10/15/2024

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's EIN, as appropriate, is optional. Individuals must not include social security numbers on this form.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to **either** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of Form HUD-2880 funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower). Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Unique Entity Identifier (UEI), for non-individuals, or city of residence, for individuals, for each organization and person listed is **optional**.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, or on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional

information required. Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.

4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.

5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

**Applicant and Recipient
Assurances and Certifications**

**U.S. Department of Housing
and Urban Development**

OMB Number: 2501-0017
Expiration Date: 01/31/2026

Instructions for the HUD-424-B Assurances and Certifications

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual, must provide the following assurances and certifications, which replace any requirement to submit an SF-424-B or SF-424-D. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39.

By submitting this form, you are stating that all assertions made in this form are true, accurate, and correct.

As the duly representative of the applicant, I certify that the applicant:

*Authorized Representative Name:

Prefix: *First Name:
Middle Name:
*Last Name:
Suffix:

*Title:

*Applicant Organization:

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.
2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).
3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.
4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which

- is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.
5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.
 6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.
 7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.
 8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

*Signature:

Kris Romasanta

*Date:

10/15/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| | |
|--|-------------------------------------|
| * APPLICANT'S ORGANIZATION | |
| City and County of San Francisco | |
| * PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE | |
| Prefix: | * First Name: Jonathan Middle Name: |
| * Last Name: Tso | Suffix: |
| * Title: Principal Administrative Analyst | |
| * SIGNATURE: Kris Romasanta | * DATE: 10/15/2024 |

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

| | | | | |
|---------------------------------|-------------------------------|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2 | 1234-Cover_Page_Table_of_Cont | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3 | 1235-Exhibit_A_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4 | 1236-Exhibit_B_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5 | 1237-Exhibit_C_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6 | 1238-Exhibit_D_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7 | 1239-Exhibit_E_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8 | 1240-Exhibit_F_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9 | 1241-Exhibit_G_City_County_Sa | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | 1242-424_CBW_final_City_Count | Add Attachment | Delete Attachment | View Attachment |
| 11) Please attach Attachment 11 | 1243-PROHousing_Attachments_C | Add Attachment | Delete Attachment | View Attachment |
| 12) Please attach Attachment 12 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 13) Please attach Attachment 13 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 14) Please attach Attachment 14 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |
| 15) Please attach Attachment 15 | <input type="text"/> | Add Attachment | Delete Attachment | View Attachment |

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017
Expiration: 10/31/2026

| | |
|---------------------------|---|
| Applicant Name: | City and County of San Francisco |
| Applicant Address: | San Francisco Planning Department 49 South Van Ness Suite 1400 San Francisco, CA 94103 |

| Category | Detailed Description of Budget (for full grant period) | | | | | | | | | | |
|---|--|---------------|-----------------------|--------------------|------------------------|------------------------|----------------------------|--------------------|---------------------------|--------------|-----------------------|
| | Estimated Hours | Rate per Hour | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| 1. Personnel (Direct Labor) | | | | | | | | | | | |
| Planner I (5277) | 2,080 | \$59.20 | \$123,130 | \$0 | \$123,130 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner II (5278) | 5,408 | \$71.95 | \$389,123 | \$164,629 | \$224,494 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner III (5291) | 15,080 | \$85.39 | \$1,287,684 | \$488,432 | \$799,252 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner IV (5293) | 13,104 | \$101.24 | \$1,326,677 | \$221,113 | \$1,105,564 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner V (5283) | 2,184 | \$120.13 | \$262,360 | \$0 | \$262,360 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Manager IV (0932) | 6,240 | \$90.46 | \$564,498 | \$0 | \$564,498 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Manager V (0933) | 6,240 | \$126.19 | \$787,407 | \$0 | \$787,407 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Division Director (0953) | 1,040 | \$136.99 | \$142,474 | \$0 | \$142,474 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Sr. Community Development Specialist I (9774) | 17,264 | \$77.22 | \$1,333,066 | \$642,441 | \$690,624 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| IS Business Analyst - Senior (1053) | 987 | \$79.91 | \$78,867 | \$78,867 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Project Manager 1 (5502) | 6,240 | \$108.13 | \$674,710 | \$674,710 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Project Manager 2 (5504) | 1,248 | \$125.18 | \$156,219 | \$156,219 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Administrative Analyst (1822) | 6,240 | \$60.81 | \$379,472 | \$379,472 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Direct Labor Cost | | | \$7,505,686 | \$2,805,882 | \$4,699,804 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2. Fringe Benefits | Rate (%) | Base | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| Planner I (5277) | 39.4% | \$123,130 | \$48,513 | \$0 | \$48,513 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner II (5278) | 39.4% | \$389,123 | \$153,314 | \$64,864 | \$88,451 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner III (5291) | 39.4% | \$1,287,684 | \$507,347 | \$192,442 | \$314,905 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner IV (5293) | 39.4% | \$1,326,677 | \$522,711 | \$87,118 | \$435,592 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Planner V (5283) | 39.4% | \$262,360 | \$103,370 | \$0 | \$103,370 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Manager IV (0932) | 39.4% | \$564,498 | \$222,412 | \$0 | \$222,412 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Manager V (0933) | 39.4% | \$787,407 | \$310,238 | \$0 | \$310,238 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Division Director (0953) | 39.4% | \$142,474 | \$56,135 | \$0 | \$56,135 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Sr. Community Development Specialist I (9774) | 39.4% | \$1,333,066 | \$525,228 | \$253,122 | \$272,106 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| IS Business Analyst - Senior (1053) | 39.4% | \$78,867 | \$31,073 | \$31,073 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Project Manager 1 (5502) | 39.4% | \$674,710 | \$265,836 | \$265,836 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Project Manager 2 (5504) | 39.4% | \$156,219 | \$61,550 | \$61,550 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Administrative Analyst (1822) | 39.4% | \$379,472 | \$149,512 | \$149,512 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Fringe Benefits Cost | | | \$2,957,240 | \$1,105,518 | \$1,851,723 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017
Expiration: 10/31/2026

| Applicant Name: City and County of San Francisco | | | | | | | | | | | |
|---|----------|---------------|----------------|-----------|-----------------|-----------------|---------------------|-------------|--------------------|-------|----------------|
| 3. Travel | | | | | | | | | | | |
| 3a. Transportation - Local Private Vehicle | Mileage | Rate per Mile | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Trans - Local Private Vehicle | | | | | | | | | | | |
| 3b. Transportation - Airfare (show destination) | Trips | Fare | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Transportation - Airfare | | | | | | | | | | | |
| 3c. Transportation - Other | Quantity | Unit Cost | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Transportation - Other | | | | | | | | | | | |
| 3d. Per Diem or Subsistence (indicate location) | Days | Rate per Day | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Per Diem or Subsistence | | | | | | | | | | | |
| Total Travel Cost | | | | | | | | | | | |
| 4. Equipment (Only items over \$5,000 Depreciated value) | Quantity | Unit Cost | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| Permit Technology System (Activity 1.2) - Infilla | 1 | \$211,100 | \$211,100 | \$200,000 | \$11,100 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Equipment Cost | | | \$211,100 | \$200,000 | \$11,100 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017
Expiration: 10/31/2026

| Applicant Name: City and County of San Francisco | | | | | | | | | | | |
|---|----------|-----------|----------------|-----------|-----------------|-----------------|---------------------|-------------|--------------------|-------|----------------|
| 8. Construction Costs | | | | | | | | | | | |
| | Quantity | Unit Cost | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| 8a. Administrative and legal expenses | | | | | | | | | | | |
| Permit streamlining measures at 5 key permitting agencies (Activity 1.1) | 5 | \$150,000 | \$750,000 | \$750,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Fee-waivers for interagency project review of Faith-Based Orgs (Activity 2.2) | 18 | \$1,867 | \$33,600 | \$33,600 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Subtotal - Administrative and legal expenses | | | \$783,600 | \$783,600 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 8b. Land, structures, rights-of way, appraisal, etc | | | | | | | | | | | |
| Subtotal - Land, structures, rights-of way, ... | | | | | | | | | | | |
| 8c. Relocation expenses and payments | | | | | | | | | | | |
| Subtotal - Relocation expenses and payments | | | | | | | | | | | |
| 8d. Architectural and engineering fees | | | | | | | | | | | |
| Subtotal - Architectural and engineering fees | | | | | | | | | | | |
| 8e. Other architectural and engineering fees | | | | | | | | | | | |
| Subtotal - Other architectural and engineering fees | | | | | | | | | | | |
| 8f. Project inspection fees | | | | | | | | | | | |
| Subtotal - Project inspection fees | | | | | | | | | | | |

Grant Application Detailed Budget Worksheet

OMB Approval No. 2501-0017
Expiration: 10/31/2026

| Applicant Name: City and County of San Francisco | | | | | | | | | | | |
|--|----------|-----------|----------------|-----------|-----------------|-----------------|---------------------|-------------|--------------------|-------|----------------|
| | Quantity | Unit Cost | Estimated Cost | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share | Local/Tribal Share | Other | Program Income |
| 8g. Site work | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Site work | | | | | | | | | | | |
| 8h. Demolition and removal | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Demolition and removal | | | | | | | | | | | |
| 8i. Construction | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Construction | | | | | | | | | | | |
| 8j. Equipment | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Equipment | | | | | | | | | | | |
| 8k. Contingencies | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Contingencies | | | | | | | | | | | |
| 8l. Miscellaneous | | | | | | | | | | | |
| | | | | | | | | | | | |
| Subtotal - Miscellaneous | | | | | | | | | | | |
| Total Construction Costs | | | | | | | | | | | |

| | |
|--|---|
| Grant Application Detailed Budget Worksheet | OMB Approval No. 2501-0017 Expiration: 1/31/2026 |
|--|---|

| Detailed Description of Budget | | |
|---|---------------------|------------------|
| Analysis of Total Estimated Costs | Estimated Cost | Percent of Total |
| 1 Personnel (Direct Labor) | \$7,505,686 | 44.4% |
| 2 Fringe Benefits | \$2,957,240 | 17.5% |
| 3 Travel | \$0 | 0.0% |
| 4 Equipment | \$211,100 | 1.2% |
| 5 Supplies and Materials | \$0 | 0.0% |
| 6 Consultants | \$700,000 | 4.1% |
| 7 Contracts and Sub-Grantees | \$4,758,000 | 28.1% |
| 8 Construction | \$0 | 0.0% |
| 9 Other Direct Costs | \$783,600 | 4.6% |
| 10 Indirect Costs | \$0 | 0.0% |
| Total: | \$16,915,626 | 100.0% |
| Federal Share: | \$7,000,000 | -- |
| Match (Expressed as a percentage of the Federal Share): | \$9,915,627 | 141.7% |
| | | |

The following attachment is not included in this view since it is not a read-only PDF file.

The agency will receive all application forms and attachments without any data loss.

AttachmentForm_1_2-ATT11-1243-PROHousing_Attachments_City_County_SanFrancisco.zip

CITY AND COUNTY OF SAN FRANCISCO

ROUND 2 APPLICATION: FY24 PATHWAYS TO REMOVING OBSTACLES TO HOUSING (PRO HOUSING)

FR-6800-N-98

SUBMITTED: October 15, 2024

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AttachmentForm_1_2-ATT3-1235-Exhibit_A_City_County_SanFrancisco.pdf

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AttachmentForm_1_2-ATT4-1236-Exhibit_B_City_County_SanFrancisco.pdf

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AttachmentForm_1_2-ATT5-1237-Exhibit_C_City_County_SanFrancisco.pdf

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AttachmentForm_1_2-ATT6-1238-Exhibit_D_City_County_SanFrancisco.pdf

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

| | | |
|--|--|--|
| 1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change |
|--|--|--|

4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

| | |
|--|---|
| 6. * Federal Department/Agency: <input type="text" value="HUD"/> | 7. * Federal Program Name/Description: <input type="text" value="Community Development Block Grant- PRO Housing Competition"/> CFDA Number, if applicable: <input type="text" value="14.023"/> |
|--|---|

| | |
|--|--|
| 8. Federal Action Number, if known: <input type="text"/> | 9. Award Amount, if known: \$ <input type="text"/> |
|--|--|

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

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